NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public Health
Communicable Disease Branch

Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points

May 5, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the weekly Tuesday Local Health Department call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important Updates

- **NEW** Governor Cooper Signs COVID-19 Relief Bills Into Law
- **Updated** Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19
- **Updated** Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings
- **Updated** Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings
- **Updated** Strategies to Mitigate Healthcare Personnel Staffing Shortages

COVID-19 Outbreaks

NCEDSS

The outbreak reporting process has changed in response to the new Ongoing Outbreaks in Congregate Living Settings report on the NC DHHS website. Please update the Results package in NCEDSS at least twice weekly before 6:00am on Tuesdays and Fridays; this process replaces the regular email updates to the regional TATP nurses. The fields that should be updated regularly are:

- Date of last symptom onset
- Date of last specimen collection for asymptomatic cases
- Number of cases and deaths in residents and staff in the 'Counts' section of the results package.
    - Number ill (refers to the number of positive cases)

Counts			
Enter the total number for each of the categories below:			
Residents/Students/Patrons		**Faculty/Staff/Employees**	
In facility / setting		In facility / setting	
Exposed		Exposed	
Number ill (Number of positive cases)		Number ill (Number of positive cases)	
Investigated / interviewed		Investigated / interviewed	
Visited primary care, FQHC, or urgent care provider		Visited primary care, FQHC, or urgent care provider	
Visited ER		Visited ER	
Hospitalized		Hospitalized	
Died		Died	
Vaccinated before outbreak began		Vaccinated before outbreak began	
Vaccinated in response to outbreak		Vaccinated in response to outbreak	
Received post-exposure prophylaxis in response to outbreak		Received post-exposure prophylaxis in response to outbreak	

Correctional Facilities
Consider working with the Sheriff in your county to get daily jail reports. Review these reports to see if cases you are unable to contact have been recently incarcerated. This will allow you to identify unreported exposures at county jails and take appropriate control measures to prevent an outbreak. Click on these links to download last week's recorded webinars about COVID-19 in county jails and state prisons.

Meat Processing Facilities
Establishing a good relationship with the facility is an important first step. We will send you an Excel spreadsheet which can be used to document key components of your response and shared with us. When you have cases in a facility in your county, we will be requesting daily updates from you.
Key take-aways from the responses:

1. FQHCs are playing a very important role in testing and caring for employees of these facilities. It is clear that these outbreaks affect not only the workplace, but also the community. In many of these situations, there is interest in increasing testing of employees and members of the community. This interest is shared by LHDs, community health centers and the facilities and DPH supports them. Large testing events have happened in a couple of counties and more are being planned for the coming week.
2. The facilities are aware of the CDC and OSHA recommendations.
3. Communication with employees is critical. The plants are providing education, but it is essential that this information reach all workers and reflect the various languages spoken in these worksites. We are developing an education toolkit, but its effectiveness will be enhanced if trusted sources in the community can deliver the information.

Other Settings
We recognize the need for tracking outbreaks or clusters of cases outside of congregate living settings and meat processing plants. We are actively working on guidance for these settings so please be on the lookout for that.

End of an Outbreak
Please verify the last date of symptom onset and last specimen collection for asymptomatic cases to determine the outbreak end date. Let your regional consultant TATP nurse know if you believe an outbreak has ended.

Non-Congregate Sheltering

Non-congregate sheltering is a critical need for public health and infection control to protect:

- Vulnerable populations that live in congregate or unsheltered settings that are at high-risk of severe illness
- Broader populations that are COVID+, symptomatic or exposed and in need of quarantine that cannot safely do so at home

As North Carolina ramps up testing and contact tracing and more people are found to be COVID+ or exposed, there will be an increased need for isolation and quarantine shelters.

FEMA Reimbursement
North Carolina has received approval from FEMA to provide sheltering alternatives, such as hotels, motels and dormitories, for North Carolinians who need to quarantine or isolate in response to COVID-19 and have no safe place to stay.. FEMA has approved non-congregate sheltering for individuals that:

- Test positive for COVID-19 and do not require hospitalization but need isolation. This includes those discharged from hospitals.
- Have been exposed to COVID-19 and do not require hospitalization but should be quarantined.

- Need to undertake social distancing as a precautionary measure, as determined by public health officials. This may include those whose living situation makes them unable to adhere to social distancing. This includes high-risk groups such as:
    - Persons over the age of 65
    - Immunocompromised persons
    - Persons with chronic lung or kidney disease

Eligible sub-applicants are strongly encouraged to secure hotel/motel rooms and to provide necessary wrap-around services. FEMA will pay 75 percent of the costs associated with operating the non-congregate sheltering program. North Carolina will pay the remaining 25 percent. Learn more about reimbursement and eligible sub-applicants.

Current Status and additional information

As of May 1, 2020, 44 shelters have been set up with a capacity of 2,589 units. These shelters cover 64 counties. The current list is attached to the CDB Weekly Key Points email sent to local health departments on May 6, 2020. If a county is not currently covered by non-congregate sheltering and wishes to set up non-congregate sheltering, find more information on the program and next steps on the website here. LHDs can contact Erika Ferguson (Erika.ferguson@dhhs.nc.gov) with any questions.

Vacation Visitors

Challenges that arise when a vacationer staying at a hotel/motel or vacation rental in your county is diagnosed with COVID-19 infection include:

- Where can the visitor be isolated for the CDC recommended period?
- What information can a local health department share with property owners/managers and car rental agencies to allow them to do appropriate disinfection and protect the workers doing the disinfection?

Options for isolation of a visitor infected with the virus that causes COVID-19:

- If the visitor appears clinically stable and not to have severe disease, they may return to their home by personal vehicle, preferably accompanied by a household member to do the driving. The visitor should be given isolation guidance specific to traveling, to include only stopping along the way if essential, instructions on not interacting with other people while traveling, wearing a mask, and frequent hand hygiene.
- People diagnosed with COVID-19 may not travel on a public conveyance (e.g. bus, train, plane).
- If the visitor cannot make the drive home, and they do not require hospitalization, the health department can arrange for the visitor to stay in county-arranged designated isolation/quarantine housing. If the county does not have such housing arranged, they should coordinate with local EM to access one of the non-congregate shelters.

Health Departments may share the information necessary for the owner of the rental home, hotel/motel, or car rental agency to implement appropriate control measures (including disinfection) in accordance with CDC guidance (pursuant to GS 130A-143(4)). If HIPAA covered, the local health department should limit this to the minimum necessary information to accomplish the intended purpose. (For example, the owner/staff will need to know what precautions and measures to take to protect themselves and other guests, but may not need to know that the individual has COVID-19—even though they may suspect.) The owner/staff should be informed that the information conveyed is strictly confidential under GS 130A-143. 10A NCAC 41A. 0211 supports this approach. As always, we encourage local health departments to consult with their county attorneys.

Call Center Update

Community Care of North Carolina is now triaging calls from 2-1-1 and Poison Control. The line is staffed by RNs from 7am–11pm every day. Currently, CCNC is receiving between 350 and 450 calls per day, many of which result in referrals to care management. The types of questions include:

- Medicaid
- Symptoms
- Resource needs
- How to get tested

CCNC is working on a mass education campaign to the provider community about what the triage line is.

Infection Prevention Guidance

CDC revised their criteria for discontinuation of isolation (including healthcare providers, hospitalized patients, and patients isolated at home) to be at least 10 days since symptoms first appeared. For symptomatic patients, the symptom-based strategy for discontinuation of isolation is:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed *since symptoms first appeared*

Using the time-based strategy, patients with laboratory-confirmed COVID-19 who have not had any symptoms should remain in transmission-based precautions until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

Nursing Homes

In order to assure complete separation of COVID patients and staff, nursing homes should implement frequent cleaning of all areas within this unit, including staff break rooms. Facilities could also consider temporarily halting admissions to the facility, at least until the extent of transmission can be clarified and interventions can be implemented. Please see additional guidance for more information:

- Responding to Coronavirus (COVID-19) in Nursing Homes
- Testing for Coronavirus (COVID-19) in Nursing Homes